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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Judy Martin, as next of kin for
Adam Martin, Deceased

(In the space above enter the full name(s) of the plaintiff(s).)

12 3846

- against -

Charles Samuels, Jr, Director FBDP
Bryan Bledsoe, Warden
unnamed Associate Warden
unnamed Medical Personnel
unnamed Correction Officers

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Judy Martin
ID # 20949-076
Current Institution Federal Prison Camp Alderson
Address PD Box A
Alderson, WV 24910

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Charles Samuels, Jr - Director Shield # _____
 Where Currently Employed Federal Bureau of Prisons
 Address 320 1st Street NW
Washington, DC 20534

Defendant No. 2 Name Bryan Bledsoe, Warden Shield # _____
 Where Currently Employed U.S.P. Lewisburg
 Address PO Box 1000
Lewisburg, PA 17837

Defendant No. 3 Name Unnamed Associate Warden Shield # _____
 Where Currently Employed U.S.P. Lewisburg
 Address PO Box 1000
Lewisburg, PA 17837

Defendant No. 4 Name Unnamed Medical Personnel Shield # _____
 Where Currently Employed U.S.P. Lewisburg
 Address PO Box 1000
Lewisburg, PA 17837

Defendant No. 5 Name Unnamed Correction Officers Shield # _____
 Where Currently Employed U.S.P. Lewisburg
 Address PO Box 1000
Lewisburg, PA 17837

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? _____
U.S.P. Lewisburg - Lewisburg, PA
- B. Where in the institution did the events giving rise to your claim(s) occur? _____
In or Around Mr. Martin's Cell in his housing unit
- C. What date and approximate time did the events giving rise to your claim(s) occur? _____
On or Around July 5, 2010

What
happened
to you?

Who
did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

D. Facts: To the best of the plaintiff's knowledge the facts are as follows: On or about July 5, 2010, the deceased, Adam Martin, was in his cell with his roommate Ralph Buchanan. Mr. Buchanan fell out of his top bunk and injured himself. While Mr. Martin was trying to administer aid, the correction officers must have thought that they were fighting. The officers ordered them both to step to the doors to be handcuffed. When Mr. Martin tried telling them that Mr. Buchanan was injured, the officers hit the cell with tear gas. Mr. Martin placed his hands through the door and was cuffed with his hands in front. The cell door was then opened and the officer's moved Mr. Martin's hands behind his back and recuffed him. Mr. Martin collapsed somewhere near the showers. The officers placed Mr. Martin on a stretcher and dropped him several times going down the stairs. Mr. Martin was then placed in a cell by himself and left him. The officer's discovered Mr. Martin dead the next morning, July 6, 2010.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

The deceased, Mr. Adam Martin received injuries that subsequently lead to his death.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes X No _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No _____ Do Not Know X

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know X

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No X

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No X

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

N/A

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

MR. Martin died in U.S.P. Lewisburg in
Lewisburg, PA and Plaintiff is currently
incarcerated at FPC Alderson in Alderson, WV
and was unable to a grievance

2. If you did not file a grievance but informed any officials of your claim, state who you
informed, when and how, and their response, if any: NIA

G. Please set forth any additional information that is relevant to the exhaustion of your administrative
remedies. NIA

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your
administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that
you are seeking and the basis for such amount). _____

Five (5)
- Compensatory Damages - 5 million dollars
- Punitive Damages - ten (10) million dollars
- Condition Changes on behalf of all current
and future Lewisburg Penitentiary inmates

If NO, give the approximate date of disposition _____

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7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ☒ No _____

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Judy Martin

Defendants United States of America

2. Court (if federal court, name the district; if state court, name the county) USDC - Southern District of West Virginia - Bluefield Division

3. Docket or Index number 1:12-CV-1399

4. Name of Judge assigned to your case Judge Farber

5. Approximate date of filing lawsuit 2010

6. Is the case still pending? Yes ☒ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of July, 2012.

Signature of Plaintiff

Inmate Number

Institution Address

Judy Martin

00949-076

Federal Prison Camp
PO Box A
Calderson, WV 24910

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 5 day of July, 2012, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Judy Martin